

aisle. This side of the aisle used to be very concerned about the budget deficit. Now it seems like it is less concerned about the budget deficit.

All we are asking for here is to make sure that we pay for these tax cuts as we extend them. That is all we are asking. This side used to believe that. Now they do not. I think they ought to revisit their philosophy because it did produce budget surpluses.

Finally, I would say to the American people who might be listening tonight that I do not think anybody at their kitchen table would ask Congress to borrow the money for tax cuts, and that is what this motion to instruct prevents us from doing.

Mr. Speaker, I yield the balance of my time to the gentleman from Texas (Mr. STENHOLM), my good friend.

Mr. STENHOLM. Mr. Speaker, I thank the gentleman for yielding me the time, and my friend from Pennsylvania asked for the specifics.

The Blue Dog budget this year proposed to spend no more than President Bush recommended that the Congress spend, and we intend to stick with that. When my colleague talks about spending and he talks about revising history, in the 8 years prior to the last 3½, spending went up 3.4 percent per year on the average. In the last 3½ years, spending has gone up 10.4 percent.

The gentleman keeps asking for specifics from the minority side. Last time I checked, the minority does not even get recognized for amendments so that we can do some of things that we talked about doing. We were denied having even a vote on some of our budgets over the last 3½ years. The gentleman keeps talking about specifics and rhetoric. His rhetoric does not match the specifics.

We are going to prove unequivocally sometime in the next 2 or 3 months that the economic game plan we are under is not working because we are going to have to vote to increase the credit card limit of the United States of America for the third time in 3 years, this time through \$8 trillion. Yes, the war is expensive and we must pay for the war, but this is the first war in the history of our country that is being fought at the same time we are asking to reduce the amount of money available to make sure the troops have the material that they need in order to fight the war.

If my colleague wants to make that argument, be my guest. All we are suggesting with this simple motion is go back to what worked in 1994, pay-as-you-go. It worked when we were bipartisan working on it. It worked in 1997 when we worked together as Democrats and Republicans. What has happened in the last 3½ years to suggest that, in a bipartisan way, we do not want to follow that which has worked?

That is the fundamental question for this body. I ask for a vote in favor of the gentleman from Indiana's motion. It is returning common sense, pay-as-

you-go, making tough choices; does not raise taxes on anyone. It just says if we are going to increase spending for any worthwhile project, we have got to pay for it; if we are going to cut taxes and increase the deficit, we have got to cut the spending first, not rhetorically, after the next election. Do it now, and my colleagues will find there will be some Blue Dogs working with them.

The SPEAKER pro tempore (Mr. PEARCE). Without objection, the previous question is ordered on the motion to instruct.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to instruct offered by the gentleman from Indiana (Mr. HILL).

The question was taken; and the Speaker pro tempore announced that the yeas appeared to have it.

Mr. HILL. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

#### ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on any motion to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

Any record vote on the postponed question will be taken tomorrow.

#### GARRETT LEE SMITH MEMORIAL ACT

Mr. BARTON of Texas. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 2634) to amend the Public Health Service Act to support the planning, implementation, and evaluation of organized activities involving statewide youth suicide early intervention and prevention strategies, to provide funds for campus mental and behavioral health service centers, and for other purposes, as amended.

The Clerk read as follows:

S. 2634

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Garrett Lee Smith Memorial Act".

#### SEC. 2. FINDINGS.

Congress makes the following findings:

(1) More children and young adults die from suicide each year than from cancer, heart disease, AIDS, birth defects, stroke, and chronic lung disease combined.

(2) Over 4,000 children and young adults tragically take their lives every year, making suicide the third overall cause of death between the ages of 10 and 24. According to the Centers for Disease Control and Prevention, suicide is the third overall cause of death among college-age students.

(3) According to the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention, children and young adults accounted for 15 percent of all suicides completed in 2000.

(4) From 1952 to 1995, the rate of suicide in children and young adults tripled.

(5) From 1980 to 1997, the rate of suicide among young adults ages 15 to 19 increased 11 percent.

(6) From 1980 to 1997, the rate of suicide among children ages 10 to 14 increased 109 percent.

(7) According to the National Center of Health Statistics, suicide rates among Native Americans range from 1.5 to 3 times the national average for other groups, with young people ages 15 to 34 making up 64 percent of all suicides.

(8) Congress has recognized that youth suicide is a public health tragedy linked to underlying mental health problems and that youth suicide early intervention and prevention activities are national priorities.

(9) Youth suicide early intervention and prevention have been listed as urgent public health priorities by the President's New Freedom Commission in Mental Health (2002), the Institute of Medicine's Reducing Suicide: A National Imperative (2002), the National Strategy for Suicide Prevention: Goals and Objectives for Action (2001), and the Surgeon General's Call to Action To Prevent Suicide (1999).

(10) Many States have already developed comprehensive statewide youth suicide early intervention and prevention strategies that seek to provide effective early intervention and prevention services.

(11) In a recent report, a startling 85 percent of college counseling centers revealed an increase in the number of students they see with psychological problems. Furthermore, the American College Health Association found that 61 percent of college students reported feeling hopeless, 45 percent said they felt so depressed they could barely function, and 9 percent felt suicidal.

(12) There is clear evidence of an increased incidence of depression among college students. According to a survey described in the Chronicle of Higher Education (February 1, 2002), depression among freshmen has nearly doubled (from 8.2 percent to 16.3 percent). Without treatment, researchers recently noted that "depressed adolescents are at risk for school failure, social isolation, promiscuity, self-medication with drugs and alcohol, and suicide—now the third leading cause of death among 10–24 year olds."

(13) Researchers who conducted the study "Changes in Counseling Center Client Problems Across 13 Years" (1989–2001) at Kansas State University stated that "students are experiencing more stress, more anxiety, more depression than they were a decade ago." (The Chronicle of Higher Education, February 14, 2003).

(14) According to the 2001 National Household Survey on Drug Abuse, 20 percent of full-time undergraduate college students use illicit drugs.

(15) The 2001 National Household Survey on Drug Abuse also reported that 18.4 percent of adults aged 18 to 24 are dependent on or abusing illicit drugs or alcohol. In addition, the study found that "serious mental illness is highly correlated with substance dependence or abuse. Among adults with serious mental illness in 2001, 20.3 percent were dependent on or abused alcohol or illicit drugs, while the rate among adults without serious mental illness was only 6.3 percent."

(16) A 2003 Gallagher's Survey of Counseling Center Directors found that 81 percent were concerned about the increasing number of students with more serious psychological problems, 67 percent reported a need for